

School-Based Behavioral Health Screening Initiative

⇒ Talking with Parents & Caregivers ⇐

Script for Screeners When Seeking Consent to Screen

Hello, my name is [insert name] and I'm the [title or role] at [insert school name]. The reason for my call is to talk about the School-Based Behavioral Health Screening Initiative and the opportunity for [insert child's name] to participate. This particular initiative helps kids and their families find appropriate supports and services at school and in the community. One benefit of participating is that **if** additional resources are needed, they are put in place sooner rather than later. There is no financial cost to you for screening. Our main goal is to provide a safe and healthy learning environment for all children, and that involves recognizing the needs of our students. It's been proven that early intervention offers youth the opportunity to thrive at home, school, and in their community.

We will screen using the "Global Appraisal of Individual Needs – Short Screener (GAIN-SS)". It's a tool designed to identify youth who may have behavioral health issues such as depression, anxiety, or substance use, and who might need to be referred for further assessment or treatment. The GAIN-SS has 20 questions and takes about 5 minutes to administer via computer. We may administer only some questions. Screening results are confidential. We will notify you of the scores. If next steps are needed, we'll be glad to meet with you and talk through any questions or concerns you might have. We welcome your involvement in this process.

Recently, we've noticed a change in [insert child's name] behaviors. While s/he still [insert strengths, positive behaviors], s/he has exhibited [behaviors which led to screening]. Due to these concerns, we would like to catch any possible problems early and would like to screen [insert child's name].

With that said, we need your permission to ask [insert child's name] the screening questions, therefore we are sending home a notice and consent form to request your permission to screen. We will not conduct the screen until we receive this form back from you.

If you have any questions after we have talked today or after you review the notice and consent form, please feel free to contact me.

Thank you for taking the time to talk with me about [insert child's name]. Do you have any questions? If you have any questions after you've had the opportunity to think about our discussion today, please feel free to contact me at [insert contact information]. Thank you!

If parent shares desire to talk to another peer about raising a youth with behavioral health challenges, please give them Kentucky Partnership for Families and Children's contact information.

Kentucky Partnership for Families & Children

www.kypartnership.org | 1-800-369-0533

Additional Resources

- National Suicide Prevention Lifeline: 1-800-273-8255 or <http://www.suicidepreventionlifeline.org/>
- National Treatment Locator: 1-800-662-HELP (4357) or <https://findtreatment.samhsa.gov/>